

Work Order ID 70004

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Wednesday, May 25, 2011 12:00:59 PM

Item ID: D350-689-021

Accept



Setup Start



Revision ID:

Stop



Item Name: Dual High Back Seat, LH

Start Date: 5/25/2011 Start Qty: 1.00



Cust Item ID:

Required Date: 6/10/2011 Req'd Qty: 1.00



Customer:

Reference:

Approvals: Process Plan: CL Date: 11/05/25 Tooling: _____ Date: _____
QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Run Start



Stop



Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr	Revision Nbr
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DSI 9419	A
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DSI 9498	A
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100

0.00



DOCUMENT CONTROL

DC

Memo

0.00

Document Control

Photocopy bluefile and create labels per PPP D350-689-021 CHG002

003
per SN 11-576 S w/loc 14

110

0.00



Pick Kit

Packaging

Memo

0.00

Packaging

11/6/13

W/O:		WORK ORDER CHANGES						
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector	

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

Work Order ID 70004

Wednesday, May 25, 2011 12:00:59 PM

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Item ID: D350-689-021

Accept

Setup Start

Revision ID:

Stop

Item Name: Dual High Back Seat, LH

Start Date: 5/25/2011 Start Qty: 1.00

Cust Item ID:

Required Date: 6/10/2011 Req'd Qty: 1.00

Customer:

Reference:

Approvals: Process Plan: _____ Date: _____ Tooling: _____ Date: _____

Run Start

QC: _____ Date: _____ SPC (Y/N): _____ Date: _____

Stop

Sequence ID/
Work Center IDOperation
DescriptionSet Up/
Run Hours

Tool ID

Tool #

Plan
CodeAccept
QtyReject
QtyReject
NumberInsp.
Stamp

120

QC4- 100% Inspect kits for completeness

0.00



QC

Memo

0.00

Quality Control

130

Packaging

0.00



Packaging

Memo

0.00

Packaging

Identify and pack for shipping as per PPP D350-689-021

Location: _____

PPP Rev: _____

140

QC21- Final Inspection - Work Order Release

0.00



QC

Memo

0.00

Quality Control

W/O:		WORK ORDER CHANGES					
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries

Picklist Print

Wednesday, May 25, 2011 12:00:56 PM

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Work Order ID: 70004

Parent Item: D350-689-021

Parent Item Name: Dual High Back Seat, LH



Start Date: 5/25/2011

Required Date: 6/10/2011

Start Qty: 1.00

Required Qty: 1.00

Comments: IPP Rev:A 08-12-23 new issue DD verified by: LL 08.12.24 IPP Rev:B
chg002 DD 10.02.12 verified by:JLM

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
D3018-1 Seat Cushion		Manufactured	No			110	Each	1.0000	1	1			
				<u>Location</u>		<u>Loc Qty</u>		<u>Loc Code</u>					
				ST420A		1							
				68750		1							
D3019-1 Seat Cushion		Manufactured	No			110	Each	1.0000	1	1			
				<u>Location</u>		<u>Loc Qty</u>		<u>Loc Code</u>					
				ST420A		1							
				68751		1							
D350-689-021 Energy Attenuating Floor Provisions		Manufactured	No			110	Each	0.0000	1	1			
D350-689-043 Dual High Back Seat Assembly		Manufactured	No			110	Each	0.0000	1	1			

sl

1

sl 11/6/13

1

B7098 11/6/13

70006

sl

Dart Aerospace Ltd

W/O:		WORK ORDER CHANGES						
DATE	STEP	PROCEDURE CHANGE	By	Date	Qty	Approval Chief Eng / Prod Mgr	Approval QC Inspector	

Part No: _____ PAR #: _____ Fault Category: _____ NCR: Yes No DQA: _____ Date: _____

Resolution: _____ Disposition: _____ QA: N/C Closed: _____ Date: _____

NCR:		WORK ORDER NON-CONFORMANCE (NCR)						
DATE	STEP	Description of NC Section A	Corrective Action Section B			Verification Section C	Approval Chief Eng	Approval QC Inspector
			Initial Chief Eng	Action Description Chief Eng	Sign & Date			

NOTE: Date & initial all entries